

Iowa Department of Human Services  
417 E KANSASVILLE B  
COUNCIL BLFIS IOWA 51503

Notice of Decision

78 CV0H

Worker Name

Case Number

Worker Phone

Please review the entire notice. If you have questions, call your worker. We take collect calls.

07/12/11

Change 01 of 02

Your application is approved for Medical Assistance beginning 05/01/11.  
EM 8-A-Related Coverage Groups: EM 8-F SSI-Related Coverage Groups:  
441 Iowa Admin. Code 75.13(249A)

You get SSI, State Supplementary Assistance or you live in a facility in which the Department of Human Services is paying some or all of the cost. You may not have to pay property taxes at this time. Take this notice to your county Board of Supervisors to discuss having your property taxes delayed.  
EM 8-A Property Tax Relief: Iowa Code 427.9

Your application for facility care is approved beginning 05/01/11  
EM 6-B Making Client Decision on Adults and Elderly Participation  
EM 8-B Making Client Decision on Family Care and Elderly Participation  
EM 8-F SSI-Related Coverage Groups: EM 8-I and EM 8-N Client Participation:  
42 CFR 435.725, 441 Iowa Admin. Code 52.10(1) and (3), 75.16(249A), 177.4(8)  
76.6(249A), 76.10(1), 81.4(2), 85.4(249A), 177.4(7), 177.4(8)

Here is the decision for each month of your application or reinstatement.

	Eligibility/Participation
May	Approved 726.34
June	Approved 726.34

Medical  
Eligible  
Facility, waiver,  
or State Supp.  
Eligible

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017 155 DALY 3819  
018

78C

You may look at the Employees Manual (EM) at the department's county office. You have the right to ask for an appeal. If you want an appeal, read and follow the steps on the back of this page. If you need help in filing your appeal, you can ask for help from your county office or you may call Iowa Legal Aid at 1-800-532-1275. If you live in Polk County, call 243-1193 for Legal Aid.

470-0485 (Rev. 11/08) H0485A



**See the other side of this notice for the action taken on your case.**

**You Have the Right to Appeal**

**What is an appeal?**

An **appeal** is asking for a hearing because you do not like a decision the Department of Human Services (DHS) makes. You have the right to file an appeal if you disagree with a decision. You do not have to pay to file an appeal. [441 Iowa Administrative Code Chapter 7].

**How do I appeal?**

Filing an appeal is easy. You must appeal in writing for all programs, except for Food Assistance. You can appeal in person, by telephone or in writing for Food Assistance. To appeal in writing, do **one** of the following:

- Complete an appeal electronically at <https://dhssecure.dhs.state.ia.us/forms/>, or
- Write a letter telling us why you think a decision is wrong, or
- Fill out an Appeal and Request for Hearing form. You can get this form at your county DHS office.

Send or take your appeal to the Department of Human Services, Appeals Section, 5<sup>th</sup> Floor, 1305 E Walnut Street, Des Moines, Iowa 50319-0114. If you need help filing an appeal, ask your county DHS office.

**How long do I have to appeal?**

For Food Assistance, you have 90 calendar days to file an appeal from the date of a decision. For all other programs, you must file an appeal:

- Within 30 calendar days of the date of a decision or
- Before the date a decision goes into effect

If you file an appeal more than 30 but less than 90 calendar days from the date of a decision, you must tell us why your appeal is late. If you have a good reason for filing your appeal late, we will decide if you can get a hearing.

If you file an appeal 90 days after the date of a decision, we cannot give you a hearing.

**Can I continue to get benefits when my appeal is pending?**

You may keep your benefits until an appeal is final or through the end of your certification period if you file an appeal:

- Within 10 calendar days of the date of a decision or
- Before the date a decision goes into effect

Any benefits you get while your appeal is being decided may have to be paid back if the Department's action is correct.

**How will I know if I get a hearing?**

You will get a hearing notice that tells you the date and time a telephone hearing is scheduled. You will get a letter telling you if you do not get a hearing. This letter will tell you why you did not get a hearing. It will also explain what you can do if you disagree with the decision to not give you a hearing.

**Can I have someone else help me in the hearing?**

You or someone else, such as a friend or relative can tell why you disagree with the Department's decision. You may also have a lawyer help you, but the Department will not pay for one. Your county DHS office can give you information about legal services. The cost of legal services will be based on your income. You may also call Iowa Legal Aid at 1-800-532-1275. If you live in Polk County, call 243-1193.

**Policy Regarding Discrimination, Harassment,  
Affirmative Action and Equal Employment Opportunity**

It is the policy of the Iowa Department of Human Services (DHS) to provide equal treatment in employment and provision of services to applicants, employees and clients without regard to race, color, national origin, sex, religion, age, disability, political belief or veteran status.

If you feel DHS has discriminated against or harassed you, you can send a letter of complaint to:

Iowa Department of Human Services, Administrator, Diversity Program Unit, 1305 E. Walnut, Des Moines IA 50319-0114; phone (800) 972-2017; fax (515) 281-4243.

(Food Assistance only) USDA - Director Office for Civil Rights, Rm 326-W Whitten Bldg, 1400 Independence Ave SW, Washington DC 20250-9410, or call 1-800-795-3272 voice or (202) 720-5964 (TDD).

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417 E KANSASVILLE B  
COUNCIL BLFIS IOWA 51503

Notice of Decision

78 CVOH

07/12/11

Change 02 of 02

Worker Name: [REDACTED]  
Case Number: [REDACTED]  
Worker Phone: [REDACTED]  
Please review the entire notice. If you have questions, call your worker. We take collect calls.

The amount you pay for your care, called client participation, for July is \$ 726.94.  
EM 6-a: IHC Client Participation for Adults and Client Participation for Children;  
EM 6-b: Making the Family-Life Home Payment; EM 6-b RCF Client Participation;  
EM 8-1 Client Participation; EM 8-N Client Participation;  
42 CFR 435.725: 441 Iowa Admin. Code 52.1(1) and (3), 75.16(249A),  
76.6(249A), 76.10(1), 81.4(2), 82.9(2), 85.4(249A), 177.4(7), 177.4(8)

The way we figured your benefits is shown at right. The chart below shows who is eligible.

Medical  
Eligible  
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Facility, Waiver,  
or State Supp.  
Eligible

033 DALY 3820

Medical Facility Client Participation	August 2011
Number in Household	01
Gross Unearned Income	1045.50
Gross Earned Income	0.00
Monthly Work Allowance	0.00
Amount owed to Last Facility	0.00
VA Pension Exclusion/	50.00
Personal Needs Allowance/	0.00
Personal Care Fee	172.06
Personal Care Deductions	96.50
Medical Care Premiums	726.94
Medical Income	0.00
Veteran's Aid and Attendance	0.00
Other Third Party Payments	0.00
Total Income	726.94
Client Participation	726.94

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